MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10,540676 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AS FILED I"AMENDMENT 2 - AMENDMENT AFTER I*AMENDMENT 1 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>62</u> .70 <u>78</u> <u>30</u> TOTAL IND T TOTALIND TOTAL DEP TOTAL. TOTAL CLADAS CLAIMS

PTO - 1340 (REV. 11/04)

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